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Woodard, Emhardt, Naughton,
Moriarty & McNett

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MM21/0913

CLIFFORD W BROWNING
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111 MONUMENT CIRCLE SUITE 3700
INDIANAPOLIS IN 46204

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CLIFFORD W BROWNING (Depositor's name)

Clyfford W Browning (Signature)

12/07/99

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/056,220	04/07/98	040	BRUCE, D	2876 09/13/99
First Named Applicant	MILES,	35 USC 154(b) term ext. =		

TITLE OF INVENTION PORTABLE X-RAY DEVICE

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE TRADEMARK OFF	DATE DUE
2	16218-5	378-117.000	B45	UTILITY	YES \$605.00	12/13/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. WOODARD, EMHARDT, NAUGHTON
MORIARTY & MCNETT
PATENT AND TRADEMARK ATTORNEYS
2. BANK ONE CENTER TOWER
111 MONUMENT CIRCLE, SUITE 3700
3. INDIANAPOLIS, INDIANA 46204-5137

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee☒ Advance Order - # of Copies 10

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

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